

TO:
FROM:
DATE:
RE: Employment Discrimination/Harassment Investigation
Nature of Complaint:
☐ Race ☐ National Origin ☐ Age ☐ Religion
☐ Sex ☐ Disability ☐ Color ☐ Retaliation ☐ Other
Findings: (If additional space is needed, please include attachment.)
Recommendations: (If additional space is needed, please include attachment.)
<b>Action(s) Taken by Department/Division:</b> (Please summarize action taken based upon above recommendation.)

Please return the completed Employment Discrimination / Harassment form to Human Resources c/o:

by:

This certifies that I have read the completed Employment Discrimination / Harassment Investigation report and supporting documents, reviewed the recommendations, and have taken action upon them as summarized in this Investigation Report.

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The City of Tempe will not tolerate employment discrimination or harassment based upon an employee's or applicant's race, color, religion, disability, gender, age, sexual orientation, gender identity, national origin or any other status protected by law (City of Tempe Personnel Rules and Regulations, Rule 4, Section 408.B.3).

An employee or applicant asserting a good faith employment discrimination or harassment complaint and/or participating in an investigation of such complaint will be protected from retaliation or discipline. Any employee found guilty of retaliation will be disciplined, up to and including termination.

In accordance with City of Tempe Personnel Rules and Regulations, Rule 4, Section 406.B.31., an employee is subject to discipline up to and including termination, if they deliberately and knowingly made false accusations against another employee, elected official, or Board and Commission member in order to discredit another employee, elected official, or Board and Commission member.

	Date:
Department Manager / Division Director	_

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